



Republika ng Pilipinas
Kagawaran ng Pansamantalang
Kasabihan ng Ranas Internas

Certificate of Compensation Payment/Tax Withheld

BIR Form No.
2316
July 2008 (ENC6)

For Compensation Payment With or Without Tax Withheld

Fill in all applicable areas. Mark all appropriate boxes with an "X"

1 For the Year (YYYY) **2014**

2 For the Period From (MM/DD) **11 01** To (MM/DD) **12 31**

3 Employer Information

Part IV-B Details of Compensation Income and Tax Withheld from Present Employer

4 Employer's Name (Last Name, First Name, Middle Name)
REGOVAMARK ANTHONY FIGUERA

5 RDO Code
0 5 1

6 Registered Address
17A Zip Code

7 Local Home Address
8C Zip Code

8 Foreign Address
8E Zip Code

9 Date of Birth (MM/DD/YYYY)
12 00 1987

10 Telephone Number

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME

32 Basic Salary/Statutory Minimum Wage (Minimum Wage Exemption)	32	0.00
33 Holiday Pay (MWE)	33	0.00
34 Overtime Pay	34	0.00
35 Night Shift Differential (MWE)	35	0.00
36 Hazard Pay (MWE)	36	0.00
37 13th Month Pay and Other Benefits	37	2,561.72
38 De Minimis Benefits	38	4,242.37
39 SSS, GSIS, PRIC & Pag-IBIG Contribution & Union Dues (Employee share only)	39	1,726.10
40 Salaries & Other Forms of Compensation	40	0.00
41 Total Non-Taxable/Exempt Compensation Income	41	6,514.89

11 Exemption Status

12 Is the wife claiming the additional exemption for qualified dependent children?
 Yes No

13 Name of Qualified Dependent Children

14 Date of Birth (MM/DD/YYYY)

15 Statutory Minimum Wage rate per day **12** **0**

16 Statutory Minimum Wage rate per month **13** **0**

17 Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax

B. TAXABLE COMPENSATION INCOME REGULAR

42 Basic Salary	42	35,307.01
43 Representation	43	0.00
44 Transportation	44	0.00
45 Cost of Living Allowance	45	0.00
46 Fixed Housing Allowance	46	0.00
47 Others (Specify)	47	0.00
47A Other Income	47A	0.00
47B	47B	

Part I Employer Information (Present)

18 Employer Identification No. **0 0 0 0 0 1 0 0 0**

19 Employer's Name
EXL SERVICE PHILIPPINES

20 Registered Address
**6THF SOUTH QUADRANT ONE E-COM CTR SUNSET AVE
MALL ORAMA COMPLEX**

21 Main Employer Secondary Employer

Part II Employer Information (Previous)

22 Employer Identification No.

23 Employer's Name

24 Registered Address **24A Zip Code**

SUPPLEMENTARY

48 Commission	48	0.00
49 Profit Sharing	49	0.00
50 Fees Including Director's Fees	50	0.00
51 Taxable 13th Month Pay and Other Benefits	51	0.00
52 Hazard Pay	52	0.00
53 Overtime Pay	53	0.00
54 Others (Specify)	54	0.00
54A Other Compensation	54A	0.00
54B	54B	
55 Total Taxable Compensation Income	55	35,307.01

Part IV-A Summary

56 Gross Compensation Income from Present Employer (Item 41 plus Item 55)	56	43,821.70
57 Less: Total Non-Taxable/Exempt (Item 41)	57	6,514.89
58 Taxable Compensation Income from Present Employer (Item 56)	58	35,307.01
59 Add: Taxable Compensation Income from Previous Employer	59	0.00
60 Gross Taxable Compensation Income	60	35,307.01
61 Less: Total Exemption	61	0.00
62 Less: Premium Paid on Health and/or Hospital Insurance (If Applicable)	62	0.00
63 Net Taxable Compensation Income	63	35,307.01
64 Tax Due	64	0.00
65 Amount of Taxes Withheld	65	
66A Present Employer	66A	0.00
66B Previous Employer	66B	0.00
67 Total Amount of Taxes Withheld As adjusted	67	0.00

We declare under the penalties of perjury that this certificate has been made in good faith, verified by us, and to the best of our knowledge and belief is true and correct pursuant to the provisions of the Internal Revenue Code, as amended, and the regulations issued under authority thereof.

68 Present Employer (Authorized Agent Signatory Over Printed Name)
SAN IRAN SAN Date Signed

69 Employee (Authorized Agent Signatory Over Printed Name)
REGOVAMARK ANTHONY FIGUERA Date Signed

70 CTC No. of Employee **1** Date Of Issue **02/09/2014** Amount Paid **197**

TO BE ACCOMPLISHED UNDER SUBSTITUTED SIGNING

I declare, under the penalties of perjury, that the information herein stated are supported under BIR Form No. 1024-CF which has been filed with the Bureau of Internal Revenue.

71 Present Employer (Authorized Agent Signatory Over Printed Name)
SAN IRAN SAN

72 Employee (Authorized Agent Signatory Over Printed Name)
REGOVAMARK ANTHONY FIGUERA